

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162845
Health Plan Name: Louisiana Healthcare Connections
Health Plan Contact:
Contact Email:
Report Period Start Date: 12/1/2013
Report Period End Date: 12/31/2013

BAYOU HEALTH Reporting
Document ID: PI182
Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	330	
% Upheld	10%	
% Overturned	34%	
% Withdrawn	2%	

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date ¹	# Complaints Pending or Closed >90 Days Post File Date ¹	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date ²	# Appeals Pending or Closed >90 Days Post File Date ²
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Dec-2013	Received this Month	184	165	0	1	0	1	2	15			32				
	Total Closed this Month	260	226	0	1	0	0	3	30	44	6	26			1	0
	Withdrawn by Provider	0	0	0	0	0	0	0	0							
	Per Internal Plan Action/Decision	260	226	0	1	0	0	3	30	44	6					
	Per Independent Arbitration															
	Per DHH Review	0	0	0	0	0	0	0	0							
	Other	0	0	0	0	0	0	0	0							
	Total Pending (cumulative as of month end)	83	70	0	0	0	1	0	12	11	1	23			0	0
	Information needed from Provider	0	0	0	0	0	0	0	0							
	Internal Plan Review	83	70	0	0	0	1	0	12	11	1					
	Independent Arbitration														0	0
	DHH Review	0	0	0	0	0	0	0	0							
	Other	0	0	0	0	0	0	0	0							
2013 Year to Date (YTD)	Total Complaints Received YTD	2499	1852	10	13	1	10	9	604			353				
	Total Closed YTD	2416	1782	10	13	1	9	9	592	908	219	330			0	0
	Withdrawn by Provider	0	0	0	0	0	0	0	0							
	Per Internal Plan Decision/Correction	2416	1782	10	13	1	9	9	592	908	219					
	Per Independent Arbitration															
	Per DHH Decision	0	0	0	0	0	0	0	0							
	Other	0	0	0	0	0	0	0	0							

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.
The report programming is still under review, thus any changes may result in resubmission of the report.
This report should not be used for comparative purposes until all reporting format and specifications have been finalized.

	PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed							
	Health Plan Name:	Louisiana Healthcare Connections			Status Category Codes			
	Reporting Period:	12/1/2013 - 12/31/2013			Pending	Closed		
					P1-Information needed from Provider	C1-Withdrawn by Provider		
					P2-Internal Plan Review	C2-Per Internal Plan Action/Decision		
					P3-Per Independent Arbitration	C3-Per Independent Arbitration		
					P4-Referred to DHH	C4-Per DHH Review		
					P5-Other	C5-Other		
Case #	Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
CAS-1426509-B5Y3N9	11/5/2013 XXX		Acadiana Maternal Fetal Medicine	PLEASE CONTACT SHANNON AT 3379899826 REGARDING CLAIMS ISSUE AND AUTHORIZATION ISSUE. THIS PROVIDER IS SHOWING AS A PERINATOLOGIST AS OF 04/26/2013 WITH LHC , CLAIMS ARE BEING REJECTED FOR AUTH AND PROVIDER IS PARTICIPATING. NO AUTH IS REQUIRED FOR ULTRASOUNDS WITH THIS TYPE OF SPECIALIST. PLEASE ADVISE	Provider had concerns on claims payments, they are now Paid. If you have any question/concerns, Please contact Provider Service Department.	12/4/2013	30	C2
CAS-1283800-X6F8S5	11/6/2013 XXX		LSUHN Billing, LLC - Lafayette	CALLED REGARDING A CHECK THAT NEEDED TO BE RECOUPED AND REISSUED STATES SHE HAD BEEN IN CONTACT WITH AKIKO BARROW WHO WAS THE FIELD REP AT THE TIME SHE HAS BEEN EMAILING KAREN LEE AND HAVE NOT RECEIVED ANY RESPONSE BUT STATE DTAHT A REP ADVISED THAT THEY WOULD FORWARD THE INFO OVER TO BRANDY VILO THE CORRECT ADDRESS IS ON FILE AS 1207 CAUSWAY BLVD METAIRIE, LA 70001 PLEASE REVIEW FOR A RECOUPMENT AND REISSUE OF THE PAYMENT	Claim L230LA001794 DOS 8/7/2012 have been re-submitted for adjudication to be completed within the next 30 to 45 days. If you have any questions, please contact Provider Service Department.	12/5/2013	30	C2
CAS-1477687-D5J8D3	11/21/2013 XXX		Bias Orthotics and Prosthetics	Provider Julie called on claim M242LAE06634 for member XXX and is stating the line L5673 for \$973.78 denied stating it neede auth but when she inquired about auth before billing she was advised no auth was needed, this is a purchase item. provider was advised to submit claims dispute but is requesting the calim be reviewed also. provider can be contacted at (337) 948-68..Provider would also like to have claim M124LAE02364reviewed which was denied for timely but is stating that she sent in the corrected claim on 8/6/13 and recieved a resolution 8/5/13 member is XXX ..The last claim is on member XXX Claim is M179LAE05193 and the provider is stating there were denials for no auth and timely, the provider sent in the reconsideration on 7/12/13 and recieved a resolution letter on 8/5/13 on this member	Claims M179LAE05193 and M124LAE02364 both denied correctly for aurthorization as these DME codes require authorization.	12/20/2013	30	C2
CAS-1444900-F5G3Q1	11/12/2013 XXX		Ruston Clinic Company LLC	DOS: 05/13/2013 DOS: 05/13/2013Maria called to check the status of cas-1253671 which was sent for review to MRU dept per notes in Amysis but there are no updates on the review....pls adv the outcome of this review.	Per LHC Claim M134LAE05117 DOS 5/13/13 have been paid on 11/27/2013. If you have any questions/concern Please contact Provider Service Department.	12/12/2013	31	C2
CAS-1492669-Z4K2D2	11/27/2013 XXX		Imperial Calcasieu Med Grp	DOS:07/24/2012 Billed Amt:\$183.00 Claim #/Rescan # (if applicable):L292LAE06178 prv was advised: den for bundling	Claim L292LAE06178 have been re-submitted for adjudication to be completed within the next 30 to 45 days for Payment. If you have any questions, Please contact Provider Service Department.	12/27/2013	31	C2
CAS-1460571-C4P3Q8	11/15/2013 XXX		Franklin Foundation Hospital	DOS/Claim No.: 5/1-31/13 543.00 M189LA002703 Notes: CAS-1144445-Please note, per case remarks letter was sent to an individual provider and not the facility: Franklin Foundation Hospital, provider would appreciate letter be sent to the facility Attention: Dana Daigle. This claim denied for OIC United Healthcare, FYI kindly note OIC EOB is attached to claim form found on CRM Claim Images. Provider would appreciate another review of this claim for payment, thank you.	We have received the EOB from United Healthcare for this patient and date of service, but the copy of the EOB that we received is not legible. Please resubmit a legible copy of the EOB so that we can process the secondary claim. Thank you.	12/16/2013	32	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed					
CAS-1461532-P6Y4Y0	11/18/2013 XXX	Baton Rouge General Medical Center	DOS:10/10/2013 - 10/12/2013 Billed Amt:\$8516.25 Claim 291LAE04032 PRV STATES THERE WAS 2 UNITS ON L1 AND ONLY 1 UNIT WAS PAID. PLSE REVIEW THE INFORMATION ON THIS LINE. called about clm status date was approved but only one was paid adv did see payment made adv would forward for review	We have resubmitted claim# M291LAE04032 for adjudication to pay 2 days @ the burn unit rate of \$1665.23, this will be completed within the next 30 to 45 days.	12/19/2013 32 C2
CAS-1419073-M0J1J5	11/1/2013 XXX	Ochsner Medical Center North Shore	DOS:04/19/2013 - 04/20/2013 Billed Amt:\$15,368.75 Claim #/Rescan # (if applicable):M116LAE00260 Previous Case # (if applicable):cas-1215814 clm status denial mbr did fax clinicals on 04/22/2013 for observation and on 04/24/2013 LHC was approved auth #OP0095156659 prv was advised: advised of den L1-L - L23 den for no auth l3 q9967 den for non covered servc did advise would forward back for review advised to allow 30 days for rev and may get updated EOB or remit	Claim M116LAE00260 have been reprocessed. Please allow 30 to 45 days for payment of the claim. If you have any questions, please contact Provider Services Department.	12/3/2013 33 C2
CAS-1412529-T6S7S0	10/30/2013 XXX	Iberia Pediatrics	09/10/2013 \$205.00 M297LAE05640 den for EOB does not match prv is needing a PRR to assist with her claims which are 100+ that are secondary and she needs this done as a project because they are being rejected for EOB not matching. they have already tried to submit the claims but the issue is still happening akiko barrow prv states they did try to plse also have shelton evans receive this information because the prv really needs help with this./	Claim M297LAE05640 DOS 09/10/2013, Please resubmit a a Corrected Claim with Original EOB attach for reprocessing. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOB.	12/2/2013 34 C2
CAS-1416904-R6F7L5	11/1/2013 XXX	Southern Emergency Consultants LLC	DOS 06/28/2012 FOR 797.00 MEM# XXX clm L198LAE00201 WAS DENIED .CLM WAS PAID AND THEN RECOUPED . PROV NEVER RECV'D THE CHECK 42694 CLM WAS RECOUPED FROM CHECK 108499 PLS REVIEW THIS CLM AND ADVISE THANK YOU MS SYREETA	Your office requested a stoppay/reissue on check #46294. Check # 42694 was reissued on 11/11/2013.	12/4/2013 34 C2

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CAS-1450633-G7C1B9	11/13/2013	XXX	C & C Drugs dba Vital Care	<p>DOS:03/13/2012 Billed Amt:\$957.12 Claim #M266LAP01047</p> <p>PLSE HAVE 70471 KAREN LEE TO CALL THE PRV BC THEY RECEIVED DOCUMENTATION ABOUT TIMELY AND TRYING TO GET THEIR CLM RESUBMITTED TO BE REPROCESSED. DID TRY TO GO IN THE SYSTEM TO PULL UP THE CLAM LOCATED ABOVE BUT NO INFORMATION PULLED+ BC THE PRV STATES THEY NEED THE RECONSIDERATION LETTER called about a clm status clm processed incorrectly had to get a primary eob</p> <p>adv how to M266LAP01047 adv not adv adv to submit the documentation adv would submit this information to a PRR to get more information</p>	Claim M266LAP01047 have been resubmitted for adjudication to be completed within the next 30 to 45 days for Payment. If you have any questions, please contact Provider Services Department.	12/16/2013	34	C2
CAS-1436948-G9T5W8	11/7/2013	XXX	Lake Charles Medical Services Orthopaedic A	Retro Approval	Louisiana Healthcare Connection Contracting Department approved retro participation date effective 3/1/2013 Lake Charles Medical Services Orthopaedic Associates TIN:XXXfor Paul Finn NPI: 1720006687. Claims M302LAE00427,M302LAE00430,M302LAE00434,M302LAE00659,M302LAE00665 and M302LAE00431 reprocessed with a liabilty of \$370.26.	12/10/2013	34	C2
CAS-1472743-K8C4B6	11/20/2013	XXX	Pulmonary Services, INC	SANDRA WITH PULMONARY SERVICE HAS BEEN CALLING OVER AND OVER REGARDING CLAI M M262LAE04510 / 13287LA84510 FOR DOS 06/01/2013. CLAIM REJECTED STATING THAT LHC NEED MEDICAL INFORMATION. THE PROVIDER STATES THAT THEY'VE ALREADY SENT IN MEDICAL INFORMATION WITH CLAIM. THERE WAS ALSO A CASE GENERATED CAS-1427925-P7W5Q2. PLEASE THOROUGHLY INVESTIGATE THIS CLAIM THANKS. MM.	The documentation indicates services were provided. However, per the above CMS DME guidelines only 60 units are allowed for a 3 month supply. According to claim history 50 units of code A5061 have been billed monthly. We do not recommend reimbursement for code A5061. If you disagree with LHC decision. You can submit a reconsideration or appeal.	12/24/2013	35	C2
CAS-1430287-G8Z1W1	11/6/2013	XXX	Childrens Hospital	<p>DOS:09/24/2012 - 09/25/2012 Billed Amt:\$815.50 Claim #/Rescan # (if applicable):L276LAE00274 Previous Case # (if applicable): PLSE REVIEW ALTHOUGH IS PAST TIMELY FO AN ADJ REQUEST prv was advised: L276LAE00274 code 97110 (2) den for no auth advised in network since 11/01/2010 did advise prv adj may not be made on this clam due to timeframe for the request for an adj but would do a courtesy to forward back for review</p>	Claim L276LAE00274 DOS 09/24/2012 Denied CPT code 977110 EXA1-No Authorization on File. Per Claim Image the Auth IP0046530516 that is Authorized for DOS 09/24/2012 is for Inpatient Services not Outpatient Services, No Adjustment can be made. You have the opportunity to file an appeal regarding the decision.	12/11/2013	36	C2

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CAS-1434033-B1S5B9	11/7/2013	XXX	Lake Charles Memorial Hospital	DOS:08/29/2012 - 10/01/2012 Billed Amt:\$75,890.20 Claim #/Rescan # (if):L279LAE05075 PLSE HAVE DANIELLE LANDRY LOOK AT THIS INFORMATION THEY WILL NEED FURTHER ASSISTANCE WITH A RESOLUTION ON THIS CLAIM. PARTIAL PAYMENT WAS REC BUT PRV ADVISES THIS WAS UNDERPAID extended care CLM PAYMENT RED 90% AND they are non par called about clm status den was rec for an appeal did understand why it got den la00056249801 adv par 06/01/2012 advised would have a PRR get involved to assist prv for a better resolution on this did advise saw notes for this in AMISYS as to the decisions made on this claim.. DANIELLE LANDRY IS THE REP FOR 70606	Claim L279LAE05075 denied for authorization. ALEXANDRA JONES is a Non-Par provider with LHC therefore claim denied correctly.	12/12/2013	36	C2
CAS-1437240-K1S3F4	11/8/2013	XXX	Christus St Patrick Hospital	DOS:09/20/2013 Billed Amt:\$1,566.00 Claim M267LAE07178 PLSE REVIEW SL1 PRV WOULD LIKE TO KNOW HOW THE PAYMENT WAS CALCULATED OR WOULD LIKE TO BE ADVISED IF THERE WAS AN OVERPAYMENT ON THIS LINE CHARGE prv advised: called about a payment and was an overpayment code 81025 69.00 fee schedule \$6.31	Claim M267LAE07178 was paid according to the LA Medicaid Outpatient fee Schedule. Should have questions and/ or concerns please feel free to contact Provider Services at anytime.	12/13/2013	36	C2
CAS-1409013-M5V4C3	10/30/2013	XXX	Soileau's Vital Care	09/21/2013 09/25/2013 \$10,293.77 pd \$2109.41 j0878 for 900 units only \$403.20 \$.44 a milligram and should have been \$0.64 a milligram j1335 billed 10 milligrams only pd \$44.16 4.41 a unit and should have paid \$31.54 for 500 milligrams and that should have been a unit and prv states should have been 2 units a day prv states on the j0878 there is no maximum M285LAE01368	Claim M285LAE01368 DOS 9/21/2013, was Paid according to La Medicaid Fee scheduled. If you disagree with LHC decision, You can submit a reconsideration or appeal.	12/5/2013	37	C2
CAS-1410944-X7C9R8	10/30/2013	XXX	Acadian Ambulance Service	claim M175LA003559 paid to the incorrect provider TIN/NPI 274085238/1700081247 on check 050000106442 date 07/10/13 check cleared on 07/23/13 per image of claim the Correct TIN/NPI is 452419394/1427035211 please recope money from incorrect provider and reissue to correct TIN	Claim M175LA003559 DOS 4/30/2013 have been re- submitted for adjudication to be completed within the next 30 to 45 days. If you have any questions, Please contact Provider Service Department.	12/5/2013	37	C2

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CAS-1432339-F0L7V7	11/6/2013	XXX	Pediatrics Kid Med LLC	DOS: 08/1/2013 Billed Amt: 150.02 Claim M219LAE04039 Shawan clld to get status of cpt code 90471 90472, 90670, & 90723...these code denied due to code auditing software & vaccine code...provider stated they were adv these denied incorrectly due to system error & would reprocess automatically....provider has multiple clms that need to be reprocessed....adv her to reach out to PR Rep Karen...she adv they have constant issue with LHC & timely filing to get there clms processed & is losing money....pls review...provider is requesting cll back & wants to know when these will reprocess	Claim M219LAE04039 has been adjusted for payment. Please allow 30-45 days for reprocessing.	12/12/2013	37 C2
CAS-1470361-W0P1B0	11/20/2013	XXX	Dauterive Hospital	DOS:04/18/2013 - 04/20/2013 Billed amt:\$38,170.46 Claim #M214LA001077 PLSE SUBMIT THE PRV A NEG BALANCE REPORT ATTN:LORNA FAX: 713-448-3753 prv was advised: la00046656101 advised neg balance did make a payment but the payment went towards the neg balance adv no neg balance	A Negative balance report was faxed on 12/13/2013. Please feel free to contact provider Services should you have any questions.	12/26/2013	37 C2
CAS-1443674-L1M4Q4	11/11/2013	XXX	Baronne Foot Center	Julie is complaining about denials received on dme codes	The below claims were denied as services were missing required modifiers. Please feel free to submit a Reconsideration and/ or Appeal if you disagree with claims descion to the below address	12/18/2013	38 C2
CAS-1469488-X5N1G1	11/19/2013	XXX	Monroe Surgical Hospital	Caller name:miranda NPI/TIN: XXX Provider:monroe surg hosp PH #:8775433635 valid Email Address: Medicaid ID:XXX DOS:10/08/2012 Billed Amt:\$622.35 Claim #/Rescan # (if applicable): L286LAE01007 Previous Case # (if applicable):cas-14244131 31201 monroe county PLSE FORWARD THIS TO BRANDI VILLO THE PRV HAS BEEN HAVING ISSUES TRYING TO GET A RESOLUTION ON THIS CLM SINCE 10/31/2012 AND IN REFERENCE TO GETTING THIS PAID AND THEY NEED ASSISTANCE WITH THIS PLSE CALL THIS PROVIDER	Claim L286LAE01007 have been resubmitted for adjudication to be completed within the next 30 to 45 day for Payment. If you have any questions, please contact Provider Services Department.	12/27/2013	39 C2
CAS-1454900-Q2P5W3	11/14/2013	XXX	Glenwood Regional Med Ctr	CLM L248LA007736 PAID PROV STATES THIS WAS SENT TO THE WRONG PROV HOWEVER THE CHECK HAS BEEN CLEARED AND THIS WILL NOT BE REISSUED PER THE NOTES ON CAS-1159559 PLS REVIEW AND REISUUE THIS CHECK TO THE CORRECT PROVIDER Payment sent to CH WILKINSON PHYSICIAN N in chk #050000054251 09-19-2012 ck amt 803.61. Contact is Jansie 3374367560 THE PROV IS STATING THIS WAS SENT IN AS A REFUND DOS 08/21/2012 FOR 505.00 MEM# XXX RESCAN# CAS-1159559	Claim L248LA007736 was sentg back to for reprocessing however, orignalial denial was upheld as timely. please refer to the Provider manual for timely filing guidelines.	12/24/2013	41 C2

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CAS-1458383-L3H0T4	11/15/2013	XXX	Rapides Regional Medical Center	Lorna 1477500015 Rapides Regional Medical Center 7134482298 Lorna.trevino@parallon.com XXX Spoke to Lorna during a call back re clm info.....as of today still no resolution...sent last reps name on the case an IM to respond....per IM, create one new case for all of her outstanding clms due to all of these have been resolved but no resolution has been made.....CAS-1277046-B5W8G7.....CAS-1336472-T0Z5D7.....CAS-1418726-K9C1J7.....CAS-1317252-Z1G3L6....advised provider per info that TAT is 30 – 40 days but will make it a priority....also once this have been resolved, will give her a call back.....thanks	After conducting a thorough review of claim#M199LAE04504, we have determined the reason for the denial on this claim. Revenue codes 490 and 450 were both billed on this claim, and our systems are programmed such that revenue code 490 will override revenue code 450. Therefore, this claim denied appropriately. Should you wish to correct your original claim, you may submit a claim correction by following the instructions outlined on page 42 of the LHC Provider manual, which can be found on our website at http://www.louisianahealthconnect.com/files/2012/01/FINAL-Louisiana-Healthcare-Connections-Provider-Manual-FINAL-09-131.pdf?fbid2e4 .	12/26/2013	42 C2
CAS-1388514-T0M1F7	10/23/2013	XXX	Allstar Medical Equipment	Amanda requests review for claims M278LAE01127 dos 6/25/2013, M278LAE01127 dos 7/25/2013, M278LAE01127 dos 8/25/2013, and M283LAE02079 dos 9/25/2013. Amanda states she was told that auth was not required for procedure code K0003. All these claims are for member XXX	Claims M278LAE01127 and M283LAE02079 were reporcessed for adjudication, both claims are now in paid status.	12/4/2013	43 C2
CAS-1443520-F3Y7Z0	11/11/2013	XXX	Castor Creek Emerg Physicians	The attached letter/EOB in the mail on 11/1/2013 addressed to Provider Services. The paper copy was delivered to me today. Provider's representative, Reimbursement Technologies, INC. is requesting patient information identifying specific detail of the negative balance from the EOB dated 1/3/2013, and says that if "this balance is not identified the related account(s) will become delinquent and may be submect to pre-collection review." See scanned attachment for full text of letter. PR Specialist 1 is pulling a negative balance report on this provider for the dates in question. We need to contact the provider's representative and let them know that the member's account cannot be placed in "pre-collection review," as indicated in the letter, because this is a Medicaid account and patient cannot be billed.	Sent over the ned. balance report	12/24/2013	44 C2
CAS-1440778-G4J4G4	11/8/2013	XXX	Danielle Craft	DOS/Claim No.: 7/9/13 120.00 M196LAE02372 Notes: Advised rep of Amisys remarks "VOIDED PER 5709E QRY DENY LA SS PSAVAGE 072913." Please provide clarification of denial	please resubmit a corrected claim as this claim was voided in our system.	12/23/2013	46 C2
CAS-1418616-H8S9F1	11/1/2013	XXX	Eunice Emergency Group, L.L.C.	DOS: Claim No.: 4/21/12 932.00 L136LAE04578 Notes: Per Amisys remarks "LA-2012-213-6275052 CHK 34782 AMT 1494.46 VOID CHECK REQUEST SENT TO FINANCE VOID OM PLEASE DO NOT ADJUST UNTIL ADDRESS UPDATED KFERDA 081112." According to provider rep the address currently on Amisys is correct, provider has not received payment for the adjustment of this claim allowed amt due \$171.20.	Claim L136LAE04578 was sent back for reprocessing. Please allow 30-45 days for status of claim adjudication.	12/18/2013	48 C2
CAS-1435538-H5M9Q1	11/7/2013	XXX	Touro Infirmary	DOS/Claim No.: 2/12-14/12 3860.00 Original claim #L055LAE00837, corrected claim resent 10/24/13 RA 9/11/13 on 10/24/13 M297LAE05683 denied EX29 timely filing Notes: Original claim #L055LAE00837 rec'd 2/24/12 denied 3/7/12 EXIV, EXG3, invalid deleted, missing CPT. Per Amisys RECOUPED PER ENCOUNTER PROJECT #022455-STATE REJECTION FOR INVALID OR MISSING PROCEDURE CODES. XXX RS#M231LAE00120; ADJ CLM TO SEE IF IT WOULD PAY; KING 08/27/2013. Provider rec'd timely denial 9/11/13 and resent corrected claim on 10/24/13, claim #M297LAE05683 denied EX29 for timely filing. Please note adjuster KING tried to adjust claim for payment on 8/27/13, was this action followed up before this last denial, please advise thank you.	Claim L055LAE00837 was reprocess and now claim is set to pay. Please allow 30-45 days for payment.	12/24/2013	48 C2

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CAS-1412860-N6B2Y4	10/30/2013	XXX	Culicchia Neurological Clinic LLC	Culichia Neuro stated have numerous A1 denials for J0475 and 62369. Stated they are par providers and codes dont require authorizations. Please reprocess. Also view attachment of claim images. member name Lorenzo Houston Claim # L142LA005327 DOS 5-15-2012 Claim # L233LA003106 DOS 5-15-2012 Claim # L269LA001048 DOS 5-15-2012 Claim # M015LA002721 DOS 5-15-2012 Claim # M043LA002948 DOS 5-15-2012 CLAIM# L198LA007823 DOS 7-3-2012 CLAIM# L269LA001051 DOS 7-3-2012 CLAIM# L254LA008522 DOS 8-24-2012 CLAIM# L269LA001049 DOS 8-24-2012 CLAIM# M035LA009917 DOS 12-3-2012 CLAIM# M080LA002505 DOS 1-31-2013 PAID ON CPT CODE 62369 DENIED CPT CODE J0475	Claims 13220LA75327 and L269LA001049 are now set pay. please allow 30-45 days for payment.	12/17/2013	49	C2
CAS-1432118-Y1F1X7	11/6/2013	XXX	Dauterive Hospital	DOS:08/21/2013 Billed Amt:\$7,751.49 Claim # :M238LAE02769 PLSE REV FOR NO AUTH. WAS NOT NEEDED FOR THIS CLAIM called about a clm status they know the denial reason prv was advised: la00033539601 clm den for no auth does show in network for this facility advised would forward back for review	Claim M238LAE02769 has been adjusted for payment per Project 022649. Please allow 60 days for payment.	12/24/2013	49	C2
CAS-1389078-H0R6Z1	11/6/2013	XXX	David G Millaud DDS	Dr Millaud called stated he received a call for Manager Care to inquire about updating his information. His complaint was that the representative did not identify himself or explain the nature of the call and he wants to know the reason for the call. He was not pleased with the way the call was handled and request to have cll back to explain the nature of the call his contact number is 504-483-9939	Outreach was to the provider to explain the nature of the call. However, if the provdier should contact Provider Services if they are have any questions and/or concerns.	12/24/2013	49	C2
CAS-1365258-K1J2P5	10/15/2013	XXX	Interim Healthcare of Southeast LA, Inc	Provider received reject letter stating "Admission type, source and/or patient status codes missing or invalid.". Provider has several dates of service that she received the reject letter for: 8/12/2013 thru 8/15/2013; 9/17/2013; 8/19 thru 8/22/2013; 8/26/2013 thru 8/29/2013; 9/3 thru 9/5/2013; 9/10/2013; and 9/23/2013 PROVIDER REQUESTING FOR HER PR REP TO ASSIST HER .	Provider has to resubmit Corrected claims with all the appropriate fields documented for reprocessing. A corrected claim can be submitted by writing corrected claim on top of the new claim and attaching the original claim or original EOB.	12/3/2013	50	C2
CAS-1436890-F2Z6X1	11/7/2013	XXX	E. M. Dimitri DO, PMC	Please review the retro approval. Provider submitted credentialing at the end of May 2013 - it was never loaded Please Retro Effective date back to 5/1/2013 See Attached approval from VP of Network Development and Contracting and attached spreadsheet for the provider involved. Please route completed retro back to my queue for initiation of a claim project.	THOMAS ORGERON, TIN XXX, upon further research it was determined your claims issue of denying for no authorization or paying as non-participating will result in an adjustment. A Claims Project #022669 was submitted 12/26/2013. The project includes 131 claims for dos 05/01/2013-12/20/2013 for an estimated amount of \$16874.52 to be completed within the next 30 - 90 days.	12/26/2013	50	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed							
CAS-1338701-Y8H1Q2	10/7/2013	XXX	Metro Preferred Home Care	07/16/2012 07/31/2012 \$350.00 advised prv no claim on file advised of timely filing prv states called in april and was told to rebill and corrected claim and spoke with someone else in august 2, 2013 clm was not in the system again the prv states they have resubmitted the claims several times and have spoken with reps on this and have been advised the claims are still not showing although the mbr is active for LHC. plse give the provider a call so they can get further assistance as to getting the claims submitted and processed and the address of the po box 4040 is where they have submitted these claims to several times plse have brandi vilo the internal prr	Per LHC several Attempts was made for Contact. Provider would have to contact LHC for any information on claim Status/issues.	12/4/2013	59 C2
CAS-1401262-B6B1S9	10/28/2013	XXX	Hearing Solutions of Louisiana, LLC	Please review the retro approval. Contract was created in August but provider never received. Provider Assumed they were Par because 1 claim was paid without authorization. All other claims have denied for no auth Please Retro Effective date back to 10/1/12 for the Contract and the practitioner See Attached approval from VP of Network Development and Contracting and attached spreadsheet for the provider involved. PDM _ Please route completed retro to the my queue so that I can start the initiation of a claim project	JAKE CAVANAUGH, (HEARING SOLUTIONS OF LOUISIANA) TIN XXX, upon further research it was determined your claims issue of claims denying for no authorization and/or paying at a non-participating rate, will result in an adjustment. A Claims Project #022671 was submitted on 12/26/2013. The project includes 8 claims for dos 10/1/2012 to 12/20/2013 for an estimated amount of \$217.25 to be completed within the next 30 - 90 days	12/26/2013	60 C2
CAS-1327396-D7J4V9	10/2/2013	XXX	Baton Rouge General Medical Center-LA	DOS/Claim No.: 5/3-13/13 M156LAE00458 Notes: Provider rep Brigitte questioning denial of SL's 1 & 2 PC's 76811 EX46, service not covered. According to rep those service lines were to be paid as part of a project per Brandi Vilo LHCC PRR. Kindly review this claim again for payment, thank you.	After review of the State's DMEPOS fee schedule, it was determined that the following codes were in a non-covered benefit and denying EX46 in error as these codes are on the State's fee schedule. A Claim Project 022293 were submitted on 02/15/2013, 51 claim for DOS 2/1/2012 for an estimated amount of \$1,011.56 to be completed within the next 30-45 days.	12/4/2013	64 C2
CAS-1384449-K9H9Z7	10/22/2013	XXX	Morehouse General Hospital	DOS/Claim No.: 9/12/12 \$1278.59 M262LAE02874 Notes: ADJ MADE PER RS#M275LAE01373. PROVIDER REMOVED SERVICE LINES. XXX 10112013 Provider states adjustment is incorrect still paid @ Type 131 rate not as corrected Type 137. Provider would appreciate another review of this claim for further payment, thank you.	Claim M262LAE02874 was paid on EFT#900040770 in the amount of 430.39.	12/24/2013	64 C2
CAS-1346301-X5B9G4	10/8/2013	XXX	NO / AIDS Task Force	Provider has been sending credentialing documents since 4/2013. R. Wilcox NPI 1336160357 and K. Angelo NPI 1144553249 Please Retro Effective date back to 6/1/13 See Attached approval from VP of Network Development and Contracting and attached spreadsheet for the provider involved. Please route completed retro to the contracting queue.	Louisiana Healthcare Connections Contracting Department approved retro participation date effective 6/1/2013 NO/AIDS Task Force TIN: XXX for Ronald Wilcox NPI: 1336160357 and Kristina Angelo NPI: 1144553249	12/10/2013	64 C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1379572-W4H3X6	10/21/2013	XXX	The Foot Clinic	CLM M276LAE05427 DNEIED AS NON COVERED . PROV STATES THIS IS A COVERED SERVICE . PLS REVIEW AND ADVIISE THANK YOU MS NO EMAIL PAULA CB# 6092962525 NPI# 1215922497 DOS 09/30/2013 FOR 480.00 MEM# XXX	Claim M276LAE05427 was sent back for reprocessing however, the original c;laim denial was upheld . Please feel free to submit a Reconsideration and/ or appeal	12/24/2013	65	C2
CAS-1344048-C0L5N9	10/8/2013	XXX	Slidell Ear, Nose and Throat Associates	Claim # M198LA001484 denied with CPT Code 42830 and CPT Code 69436 for maximum allowed per DOS. Claim # M198LA001483, M198LA001481, M198LA001482 denied for duplicate claims. Please review timely filing approved please see attachment.	Per instructions from Julie Storz,each claim from this case was put into its own individual case to be worked separately. When all four claims have paid, resolution notes for this case will be added so this case can be closed.	12/12/2013	66	C2
CAS-1368718-C0P3R0	10/16/2013	XXX	Millenium Laboratories Inc	Advised Sherry claim was split into 4 different calims (L240LA010130 L240LA010129 L240LA010128-above) all claims denied as PLP not met.Advised claim is pass timely filing; Advised of timely filing timeframe; Provider requesting for pr rep to reach out to her to provide more info on what "PLP" means and how can they avoid this type of denial.	Claim V was sent back to be reporcessed however, the original descion was upheld. Should you disagree with claim descion please fee free to submit a Reconsideration and/or appeal	12/23/2013	69	C2
CAS-1362413-W5H7X5	10/15/2013	XXX	St Tammany Parish Hosp IP	Provider strongly disputing denial of SL6 PC J0696 EX46, service not covered. Provider states PC J0696 is on the fee schedule and should be payable, would appreciate another review of this claim again for payment thank you. M211LAE04822	Claim M211LAE04822 was reprocesse and no adjustment can be made ast this time as the claim denial was correct. Should you disagree please feel free to submit an reconsideration and/ or appeal	12/23/2013	70	C2
CAS-1361031-T8C9M6	10/14/2013	Terry	LSU Healthcare Network	terry 3184845259 xxx asked about the ivr/portal prv did not have email advised of timely clm status hipaa verified 12/11/2012 \$162.00 L354LAE03632 pd \$60.45 chk 73209 bulk \$230.82 lollicamp pob 62600 dept 1537 new orleans, la 70162-2600 prv states this was the correct address the check went to this address po box 2710 slidell, la 70459 clrd on 02/27/2013 did advise the prv of the address on the clm plse review this information in reference to this payment prv states they have received other payments but this one has went to the wrong address and was cleared	Claim L354LAE03632 was reprocessed but no adjustment can be made at this time. Should you disagree please submit a reconsideration and/ or appeal to below address	12/23/2013	71	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1349382-Z7P1W0	10/10/2013	XXX	Professional Anesthesia Consultants LLP	Name: Stephanie NPI/TIN: XXX Provider: Megan Miller PH#: (318) 448-4440 Email Address: na Medicaid ID: XXX DOS: 08/10/2013 Billed Amt: 525 Claim M234LAE01105 Stepanie clld concerning clm denying for EX46.....verified cpt code 00400 does not require Auth....Stephanie states they have multiple clms that are denying with different cpt codes for EX46 & wanted to know if there was an system error.	this claim was paid on EFT900041583 in the amount of \$92.30.	12/23/2013	75	C2
CAS-1282651-K7X4P2	9/17/2013	XXX	Acadiana Family Medical Associates LLC	Provider called about claim denial provider is requesting that claim be review and reprocess according to the Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-18 April 24, 2013 Issue: Billing for Behavioral Health Services for Bayou Health Members For Histories and Physicals (H&P), these claims should be sent to the memberj 's Bayou Health Plan or Molina if Legacy Medicaid. The H &P should be conducted by the memberj 's PCP, unless contraindicated. If the physician conducting the H&P is not in the memberj 's Bayou Health Plan, reimbursement may be limited to 90% of the Medicaid fee-for-service rate. Outpatient Hospital Clinics providing primary care by a provider who is not a Mental Health Professional, should submit these basic claims to the member's Bayou Health Plan or Molina if Legacy Medicaid	Mark Dawson, TIN XXX,upon further research it was determined your claims issue, of denials due to mental health diagnosis when billing Histories & Physicals on procedure codes 99221, 99222, and 99223 in inpatient locations 21, 51, and 61; for diagnosis codes between 290.xx - 391.xx, these codes should have been paid by LHC but were denying to Magellan in error. We are reprocessing claims for payment back to 2/1/12 that were previously denied EXMH. This will result in an adjustment. A Claim Project #022642 was submitted on 00/00/0000. The Project includes 28 claims for DOS 2/1/2012 to 11/18/2013 for an estimated amount of \$2,637.55 to be completed in the next 30 to 90 days.	12/6/2013	81	C2
CAS-1323944-J7H4Z5	10/1/2013	XXX	Christus Schumpert Health System	CLM STATUS HIPAA VERIFIED 05/18/2013/\$3,273.50 NO CLAIM ON FILE ADVISED OF TIMELY FILING/LA00040355701/CLM STATUS/ HIPAA VERIFIED 08/28/2013/09/03/2013 \$27,172.41 ADVISED THE PRV /ADVISED OF TIMELY FILINGPRV IS HAVING ISSUES WITH THEIR FACILITY NAME AND NEEDS SOME ASSISTANCE WITH TRYING TO GET A RESOLUTION. THE PROBLEM IS THE CHRISTUS FACILITY THEY WERE STATING THAT WAS ON THE CLAIM WAS NOT IN OUR SYSTEM AND THE CLAIM CAME UP UNDER A DIFFERENT PROV LOCATION AND ADVISED WOULD FORWARD A REQUEST FOR A PRR TO ASSIST WITH FURTHER RESEARCH ON THE ISSUE SO THE CAN HAVE THEIR CLAIMS PROCESSED AND PAID PRV HUNG UP BEFORE I COULD GIVE CR #	This claim cannot be resolved as the claim number the provider requested staus on was invalidl. please contact Provider Services to reactivate a new case.	12/23/2013	84	C2
CAS-1245665-W4Z9G3	9/4/2013	XXX	Pegasus Emergency Group Sp Llc	This claim was paid to the wrong affiliation -- C & M Medical Services TIN XXX 11/7/2012 -- 0900009280 4/17/2013 -- 0900022373 Per the claim it should have been paid to Pegasus Emergency Group TIN XXX Please recoup and pay to the correct provider	Claim L303LA007817 DOS 8/25/2012 2013 have been re-submitted for adjudication to be completed within the next 30 to 45 days. If you have any questions, Please contact Provider Service Department.	12/5/2013	93	C2
CAS-1241108-D1F0Y5	8/31/2013	XXX	Steven Crider	Claims L257LA003310 DOS 9/1/12, 9/4/12, 9/5/12; L342LA003364 DOS 11/8, 11/9, 11/12, 11/13, 11/14, 11/15; L342LA003365. , DOS 11/16, 11/19, 11/20, 11/21, 11/23. Provider states patient did now have state insurance nor LHCC but since we had a a single case agreement should pay the above claims. The estimated liability was \$762.30.	A claim project will be created to pay all claim associated with Provider to pay claims per Paul Francis. Please reach out to Paul francis with any additional concerns.	12/3/2013	95	C2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1294934-Q0Q9V5	9/20/2013	XXX	Albert Diket	Lois called due to reject of claims that states that the claim is rejecting for invalid UPN#. Lois stated they no longer use UPN#'s they are using NPI#'s. Lois stated she has contacted her pr rep; however she continues to receive these rejected claim. Provider requesting for provider rep or someone to assit in resolving this issue.	This claim was recsolved at on site meting with externaland interal rep visit. Please feel free to contact Provider Services if the p[rovider is receiving rejected claims.	12/23/2013	95	C2
CAS-1279924-R6Z2R6	9/16/2013	XXX	Cypress Point Surgical	CLM STATUS HIPAA VERIFIED 07/17/2013 \$17,887.82 PRV STATES WAS ADV CLM WAS NOT RECEIVED IN PEND STATUS M231LA004829 /M206LAE01738 SHOWS DENIAL FOR HCPCS CODE WHICH REV 370 IS MISSING HCPCS CODE REQUIRED AND THIS SRVC NOT COVERED PLSE REVIEW L6 - L8 ADVISED OF TIMELY FILING	Claim M231LA004829 was sent back for reprocessing . however, the claim denied timely. Please check provider manual regarding timely filing peroids. Should you disagree with ths resolution please feel free to submit a reconsideration and/or appeal	12/23/2013	99	C2
CAS-933412-S3X5V7	5/13/2013	XXX	Bias Orthotics & Prosthetics	Please review claim M124LAE02364 DOS 04/26/13 SL 1,2,3,6,8,9,12, & 15 ARE REJECTING FOR NO AUTH*AUTH. THE PROVIDER DID FILE CLAIM WITH AUTH # OP0083948642 THAT PROVIDER STATES WAS APPROVED AFTER FURTHER REVIEW. PLEASE RECONSIDER ALL LINES THANKS. MM.	Claim M124LAE02364 has been re-submitted for adjudication to be completed within the next 30 to 45 days for Payment. If you have any questions, Please contact Provider Service Department.	12/26/2013	228	C2
CAS-919028-J9B7W4	5/7/2013	XXX	Daniel Rovira	request for further review of claim for payment	Claim L090LA001608 has been resubmitted for adjudication to be completed within the next 30 to 45 days for Payment. If you have any questions, please contact Provider Services Department.	12/23/2013	231	C2
CAS-1487941-T1H9X7	11/26/2013	XXX		Cesar Lutfallah called from provider office regarding claim#M035LA005044, which has not paid. Patient received two pairs of orthotic socks. Provider had billed with incorrect modifier, but has now corrected the claim and rebilled using the correct modifiers for DME. Please reprocess the attached corrected claim.	Still Researching issue		36	P2
CAS-1484602-D4K3X5	11/25/2013	XXX	Mansoor Pediatrics	Michelle Boone is complaining about denials she received on Marcia Mitchell. Dr. Mitchell termed with this group effective April 2013 but several claims before this date denied A1. Michelle stated the claims were previously paid but then recouped and denied A1. I have attached a report showing the affected claims.	Still Researching issue		37	P2
CAS-1476332-Q7Q6Z6	11/21/2013	XXX	Touro Infirmary	DOS/Claim No.: 3/18-21/13 17009.23 M263LAE00301 Notes: CAS-1371076-Amisys remarks "NOTHING MARKED OUT ON PHYS STATEMENT-DENIED NV KRICHEY 082813, RS# M263LAE00301 SENT LETTER CF NOT VALID PSAVAGE 09242013. RSM273LAP00666-FACILITY NOT FILLED IN-UPHELD DENIAL-JKIMPEL 101913\\ADV OF TIMELY FILING. Please note the correct claim number is M238LA004401, I reviewed the claim on Amisys and found claim form & invalid consent form on CRM Claim Images the other claim # above M263LAE00301 is a rescan number	Still researching issue		41	P2
CAS-1471201-J1H9M5	11/20/2013	XXX	Southern Pines Family Medical Center	DOS: 09/17/2013 Billed Amt: 185.01 Jessica clld to concerning Claim M296LAE07285 cpt code 81003 denying stating it unbundled....Jessica stated she was adv this was a system error that was supposed to be fixed & they have multiple clms that are denying with this cpt code....adv her of the PR Rep Karen for the area for the multiple clms...Jessica is requesting the cpt code to be reviewed & provide feedback	Still Researching issue		42	P2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed							
CAS-1465991-T9Y4T5	11/19/2013	XXX	Myriam D Hutchinson MD	DOS:09/03/2013 Billed Amt:\$,062.00 Claim #):M256LAE01958 PLSE FAX A NEG BALANCE REPORT ATTN:MARK FAX 212-656-1718 requesting neg balance report pd \$100.55 chk 120632 bulk \$1,861.03 adv mailing addr of check 0 BAL CHECK adv may have still been a negative on this prv account and adv although payment was made	Still Researching issue		43 P2
CAS-1461891-H4V5R8	11/18/2013	XXX	Baton Rouge General Medical Center	DOS:10/18/2013 Billed Amt:\$5332.21 Claim #295LAE05453 PLSE REVIEW FOR THE L6 AND L25 FOR THE BEN MAX HAS BEEN REACHED. PRV ADVISES THEY USUALLY GET PD FOR ONE OF THESE. called about clm status den for ben max has reached prv was advised: la00057405401 code 80101 and 80101 den for the ben max has been reached adv would forward for review	Still Researchin issue		44 P2
CAS-1454887-J1G6V0	11/14/2013	XXX	Minden HomeCare Equipment & Uniforms	DOS:07/25/2013 Billed Amt:\$150.00 Claim #/M240LAE06294 PLSE REVIEW THIS INFORMATION AND HAVE A PRR REVIEW FOR THE PRV THEY NEED ASSISTANCE WITH TRYING TO SEE IF THERE ARE ANY OTHER CODES THEY CAN USE TO GET THIS PAID THE PRV WOULD LIKE TO HAVE A CALL FROM 70155 HEATHER DEHAVEN called about clm status 07/25/2013 for heavy duty which had to be filed as E1399 med does not have heavy duty code weighs 334 lbs prv advised what to do send in hard copy rec 10/17/2013 letter stating has been den for the following reason prv was advised: E1399 den for MR would have this forwarded to PRR for a call and to be reviewed	Still Researchin issue		48 P2

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed								
CAS-1394189-Z9D1Y9	11/7/2013	XXX	St Helena Parish Hospital	DOS: Claim No.: 8/14/13 231.00 M234LAE02104 This provider rep is a bit frustrated as her request to credential various providers has not been satisfied. Provider received LHCC rejection letter dated 10/18/13 denying 6 claims for one of the providers on the list, Stephen Ayers. Please note rep was advised to send a roster of providers to be credentialed to fax 866-768-9374 which was done in May '13 & 10/2/13. Yet provider claims are still denying as Bad Providers. Rep has been in contact w/her PRR last week and was advised she would get back to rep when in the office however, has not contacted her. She explained the problem to me in a calm manner however, is not satisfied with the way her request has gone awry still w/o benefit of payment. Your assistance in the expedient resolution of this problem will be greatly appreciated.	Still Researching issue		55	P2
CAS-1427384-R9R7S0				DOS: 9/13/2012 Claim L269LAE05301 Paid Date: 10/3/2012 XXX--- Total Pymt \$11,597.69...pymt shld have gone to POB 8608 Metairie, LA 70011-8608 but the pymt was issued to WILLIS KNIGHTON MEDICAL 2600 GREENWOOD RD SHREVEPORT, LA 71103....billing address in portico is listed as POB 8608 Metairie, LA 70011-8608 ...provider is requesting a stop/pymt & reissue to the correct address. This clm was also adju for cpt code 99285 pd 04/24/2013 pd 120.49 CHK# 050000093847 Total Check Pymt \$7,430.26 cpt code 93010---unbundled from orig cpt code....Provider stated this is an ongoing issue & they have 12 pages where they have not recvd pymts & have tried to reach out to their PR Rep Heather Enright...last emailed sent on 10/30/2013 regarding the matter. Supervisor also emailed her Candace Kaiser & no response.....adv I would send request over to PProvider complaint dept & as well as the finance dept...Provider is requesting a call back to the above ph#	Still Researching issue		57	P2
CAS-1387984-Q9D5R2	10/22/2013	XXX	Baton Rouge General Medical Center	provider has a complaint about not receiving a letter stating she was past timely filing on claim number L311LAE00684. Previous case number involving this claims was CAS-1338998. the case was resolved by Rebecca Dixon, who in the notes states caller was aware she was past timely. However provvider was told she would receive a letter stating so. there is no document or acknowledgment of compplant. Calliers name is Bridgette.	Still Researching issue		71	P2
CAS-1354579-M9G7Q6				Provider emailed Director of PR with several claim numbers. Claim# M252LAE01573 for provider Deavon Peterson hasn't paid, and provider alleges that it should have been included in claims project.	Still Researchuing issue		83	P2
CAS-1268804-K3S5D2	9/11/2013	XXX	Homer Memorial Hospital	Provider states that claims were denied for inappropriate modifier. From what i can see provdier states L265LAE06423 paid with a 50 modifier but Claims are M095LAE04898; M119LA005759; M095LAE04896; M095LAE04891 denied without; So should 77057 be billed with 50 modifier?	Still researching		112	P2
This report was based on LA Healthcare Connections’ understanding of the current report specifications provided by DHH.								
The report programming is still under review, thus any changes may result in resubmission of the report.								
This report should not be used for comparative purposes until all reporting format and specifications have been finalized.								

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

<div> <div>Health Plan Name:</div> <div>Reporting Period:</div> </div>	<div> <div>Louisiana Healthcare</div> <div>Connections</div> <div>12/1/2013 - 12/31/2013</div> </div>	<div> <div>Status Category Codes</div> <div> <div>Pending</div> <div>Closed</div> </div> </div>				
		<div> <div>P1-Information needed from Provider</div> <div>P2-Internal Plan Review</div> <div>P3-Per Independent Arbitration</div> <div>P5-Other</div> </div>	<div> <div>C1-Withdrawn by Provider</div> <div>C2-Per Internal Plan Action/Decision</div> <div>C3-Per Independent Arbitration</div> <div>C5-Other</div> </div>			

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
11/6/2013	Susan	Rapides Regional Medical Center	No supporting documentation	12/5/2013	30	C2
11/18/2013	Kristine T	Dr. Gregory Redmann's office(ordering physician)	Clinical Criteria Not Met-Medical Procedure	12/18/2013	31	C2

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